



Commonwealth of Massachusetts

Department of Public Safety

APPLICATION FOR ELEVATOR MECHANIC'S LICENSE

Please send application to:

Department of Public Safety, 1 Ashburton Place, Room 1301, Boston, MA 02108

BACKGROUND INFORMATION

NAME _____
First Middle Initial Last

ADDRESS _____
Street City State Zip

DAYTIME TELEPHONE # (_____) _____ EMAIL ADDRESS _____

DATE OF BIRTH ____/____/____ PLACE OF BIRTH _____

SOCIAL SECURITY NUMBER _____-_____-_____

NAME OF PRESENT ELEVATOR COMPANY _____

COMPANY'S ADDRESS _____
Street City State Zip

EMPLOYER'S TELEPHONE # (_____) _____

AUTHORIZATION FOR RELEASE OF RMV INFORMATION:

My signature below authorizes the Department of Public Safety to electronically access my photograph from the **Massachusetts** Registry of Motor Vehicles database solely for use on this license.

MA-RMV photo release signature: _____

If you do not have a MA-RMV license, please submit an original passport photo taken within the past six months. Photo must be taped to Photo Submission Form for License Renewal available on DPS Website.

REQUEST FOR ACCOMMODATION

☐ (Check box if applicable) I am requesting examination accommodation due to a disability that substantially limits my ability to perform major life activity.

Note: If you have checked this box, you must also submit the *Accommodations Request Form* along with the required documentation in order to be granted accommodation.

LANGUAGE ACCESS PLAN

☐ (Optional) Please check here if English is not your primary language AND your ability to read, write, speak or understand English is limited.

Please indicate what your primary language is: _____



THE FOLLOWING ITEMS MUST ACCOMPANY THIS APPLICATION

(check box indicating compliance)

- ☐ Written proof that you are currently registered as an elevator constructor apprentice with the Division of Apprentice Training.
- ☐ Written proof that you have completed at least 6,000 on-the-job training hours over a period of at least 3 years as an elevator constructor apprentice, under the direct and immediate field supervision of a licensed elevator mechanic in the Commonwealth of Massachusetts
- ☐ Written proof that you have successfully completed a minimum 450 hours of classroom environment training from an approved instructional training program.
- ☐ (Only if you have previously held a Massachusetts Elevator Mechanic's license and have to re-examine because you failed to renew within one year of the expiration date) you do not have to provide the documentation outlined above, but must provide your state issued license #: _____
- ☐ Passport photo, taped to Photo Submission Form for License Renewal (If no MA-RMV license)
- ☐ \$75.00 non-refundable application fee.

NOTICE TO APPLICANTS

All of the above items must be attached to this application in order for your examination to be scheduled. Incomplete or deficient applications will be returned to the applicant and no examination time will be scheduled. You will be notified of your examination date once a completed application is submitted. The completed application must be submitted by the deadline listed on the DPS website in order to be scheduled for the next available examination. A license will be issued once the applicant passes the written examination.

ATTESTATION

I hereby attest, under the pains and penalties of perjury, that the information provided above is true and accurate to the best of my knowledge. Further, I certify that I have filed all required tax returns and paid all state taxes as required by law and that I do not have any outstanding Civil Fines due to the Commonwealth.

Signature of applicant

Date

FOR BOARD USE ONLY

-DATE OF BOARD REVIEW: _____ CHAIRPERSON: _____

-APPROVED ☐ DENIED ☐

IF DENIED, REASON FOR DENIAL: _____

-DATE OF EXAMINATION: _____ SIGNATURE OF APPLICANT: _____

-PHOTO IDENTIFICATION OF APPLICANT CHECKED BY BOARD MEMBER _____

-BOARD MEMBERS PRESENT FOR EXAM:

